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## 48 HOUR NOTICE OF CONTRIBUTIONS/LOANS RECEIVED

(See Reverse Side for Instructions)

To be used to report all contributions (including loans) of \$1000 or more, received within 20 days of the election.

| NAME OF COMMITTEE IN FULL     Alma Adams for Congress                |                                       |    | ]  |           |
|--|---------------------------------------|----|--|-----------|
| ADDRESS (number and street) P.O. Box 20622                           |                                       |    | -  |           |
| CITY, STATE, and ZIP CODE  |                                       |    |  |           |
| Greensboro   | NC 274                                | 20 |  |           |
| 2. NAME OF CANDIDATE   | 3. OFFICE SOUGHT (State and District) |    | 4. FEC IDENTIFICATION  | ON NUMBER |
| Alma S Adams   | a S Adams House NC 12                 |    | C00546358  |           |
| 5. ISTHIS AN AMENDMENT? NO, THIS IS A NEW FILING                     | YES, IT AMENDS THE NOTICE FILED ON    |    | /  | 1         |
| A. FULL NAME, MAILING ADDRESS AND ZIP CODE                           | Name of Employer                      |    | Date (month,   | Amount    |
| American Medical Association PAC                                     |                                       |    | day, year)<br>04/25/2014   | 2500.00   |
| 25 MASSACHUSETTS AVE, NW   |                                       |    | 04/23/2014   | 2300.00   |
| SUITE 600  | Transaction ID : C10309666            |    |  |           |
| WASHINGTON DC 20001  | Occupation                            |    |  |           |
| B. FULL NAME, MAILING ADDRESS AND ZIP CODE                           | Name of Employer                      |    | Date (month,   | Amount    |
| AMERICAN ACADEMY OF OPHTHALMOLOGY INC POLITICAL COMMITTEE (OPHTHPAC) |                                       |    | day, year)<br>04/25/2014   | 5000.00   |
| 655 BEACH STREET   |                                       |    | 04/20/2014   | 0000.00   |
|  | Transaction ID : C10309667            |    |  |           |
| SAN FRANCISCO CA 94109   | Occupation                            |    |  |           |
| C. FULL NAME, MAILING ADDRESS AND ZIP CODE                           | Name of Employer                      |    | Date (month,<br>day, year)   | Amount    |
|  | Occupation                            |    |  |           |
| D. FULL NAME, MAILING ADDRESS AND ZIP CODE                           | Name of Employer  Occupation          |    | Date (month, day, year)  | Amount    |
|  |                                       |    |  |           |
| E. FULL NAME, MAILING ADDRESS AND ZIP CODE                           | Name of Employer  Occupation          |    | Date (month, day, year)  | Amount    |
|  |                                       |    |  |           |
| SIGNATURE (optional)<br>Arthur Winstead                              | [Electronically Filed]                |    | For further information contact: Federal Election Commission 999 E Street, NW, Washington, DC 20463 Toll Free 800-424-9530, Local 202-694-1100 |           |

Any information copied from reports and statements filed under the Federal Election Campaign Act may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes other than using the name and address of any political committee to solicit contributions from such committee.

